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DISTRICT



REPORT ON THE ENVIRONMENTAL
HEALTH OF THE DISTRICT.

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Area Health Office,

7 Cheyne Walk,

Northampton.

Telephone: Northampton 34833

Mr. Chairman, Gentlemen,

I have the honour to present the Annual Report of the Medical Officer of Health incorporating that of the Public Health Inspector. This report serves two functions, the first to give an account with statistics of the environmental health of the district; the second to make some observations on those trends in the general pattern of living which show evidence of becoming a hazard to health either now or in the future.

The vital statistics for the year show that there were 50 deaths. This gives a rate of 13.6 compared with 19.7 last year, and with the national figure of 11.9. The total number of births was 42 (of which 3 were illegitimate) compared with 44 last year, and showing therefore a decrease of two. There were two infant deaths.

The control of food hygiene in the town is maintained at a high standard, and there has been adequate control of food supplies. While the area has been fortunate during the year in having only one case of food borne infection, the condition is generally far too prevalent. It is essential that there is a constant vigilance in the maintenance of standards in the storage, preparation and sale of all food, and that individuals concerned with this trade should receive proper training and be aware of the potential risk to their customers should they fail to observe the strictest methods of hygiene. The local authority, by constant inspection, exhortation and sampling, makes every effort to prevent food borne infection, but the ultimate responsibility lies with those who handle the food. A lapse by an individual either in food premises or in the home is often the cause of illness. The public themselves, when observing failure in food premises, should refuse to accept unsatisfactory practices. In the home, high standards among families should be a routine matter.

Infectious disease notification was, apart from measles, low: measles vaccination continued, but owing to shortage of vaccine was not generally available. It is to be hoped that this universal, and often complicated infection, will decline in future years. While the incidence of infection is slight, it is disturbing to note that the numbers receiving immunisation are, in many areas, too few. It is hoped that the use of the computer will have the effect of raising the response to immunisation. Should standards fall infections could re-occur. It remains vitally important for children to be immunised for diphtheria, poliomyelitis, whooping cough, tetanus, smallpox and now measles, with tuberculosis vaccination following later. The introduction of Rubella (German Measles) vaccination may also become universal for girls, as an effective vaccine has now been developed.

Thus, the environmental control of the town has been maintained satisfactorily throughout the year, but while there is a gradual improvement annually, pressures are constant both in maintaining present standards and in dealing with new problems that occur. The national rise in population, if it continues at its present rate, will result in an increase of 20 million by the year 2000, thereby causing problems of great magnitude in the environment. Already some of these are evident in the United States of America. There will inevitably be increasing pollution of the air, sea, land and inland waterways: congestion of the roads resulting in more deaths from accidents: overcrowding of the cities with overspill and congestion of the countryside: a vast problem of refuse and sewage disposal: housing shortage: the need for more institutions, schools, teachers, hospitals and all the allied services: the problem of noise and its effect on mental health, and finally the ultimate result of overpopulation on the whole mental outlook of its people. While it is agreed that population control is a priority in many of the emerging countries, its urgency here has not received the attention it merits. While, at the present time, family planning is, in general, a practice of the more responsible members of the community, we are faced with an inevitable increase of population among the less desirable, who as problem families frequently perpetuate themselves by becoming the progenitors of future problem families. There are in this country 250,000 unwanted children born annually and it is likely that it is from this source that criminality arises. The successful practice of population control has therefore this twofold purpose, which is both quantitative and qualitative.

The year 1969 was notable for proposals for reform in Local Government structure and changes in the National Health Service. In the former, unitary all purpose authorities combining in Northamptonshire both the Borough and the County would take the place of the twenty two district councils of the County and County Borough. The Health Service was to be unified and its tripartite structure to cease, removing the personal preventive health services from the local authority, but leaving the control of environmental services with the unitary authority. Finally the social services, remaining with the local authority, would embrace a number of health functions. This proposed massive reorganisation occupied much thought in the year of this report.

Political changes which have occurred at the time of writing may cause some immediate deferral of these plans. However some reflection on the future of the preventive services and the challenges that have to be faced could be appropriate at this time.

It is now over twenty years since the inception of the National Health Service. From the outset a tripartite structure separating hospital, general practitioner and local authority services was potentially hazardous. The separation of the preventive services from the National Health Service, and the isolation of the medical personnel allying them with other local government officers rather than their colleagues has resulted in a steady decline in recruitment. Local authorities have in some instances failed to recognise the potential of their inheritance and while there has been expansion of hospital and general practitioner services there has been some stagnation in the preventive field. Foresight in expenditure on prevention could have resulted in saving on the curative services. However health needs are weighed against all other demands and, in practice, are often the ones to be curtailed in times of economic stringency. It is unfortunate that the results of preventive medicine are without immediate dramatic evidence; are slow, long term, and can only be assessed by the passage of time and often the study of statistics. It is unfortunate too that in the last twenty years the needs of prevention have become more subtle, depending now less on obvious environmental control such as the clearing of slums and prevention of infectious disease than on the individuals response to life in an affluent society.

Finally, I emphasise each year, what are the future challenges. I maintain that there is a need for their constant reiteration. Health education has become, in its modern context, a perpetual battering at the bastions of ignorance, self indulgence and complacency.

In the assessment of the needs for prevention there are three factors to be considered, first the primary one of preventing disease, which is exemplified by the total prevention of an illness by immunisation, the secondary factor of preventing premature death by means of early detection, modification of living habits, health education and other means, and thirdly the prevention of further deterioration of those who already suffer from chronic illness. Each facet of the field of prevention requires its individual disciplines, and it is necessary to consider the causes of premature death, and those afflictions who by their incidence lessen the quality of life.

The cause of premature death in the younger age groups, that is before the fifth decade (40 years), is now almost entirely from accidents, both in the home (among the youngest) and on the road (in the 1st, 2nd and particularly the 3rd decades). Once again I give some details on this subject on later pages of the report.

Next, in the middle aged, becoming evident now from the fifth decade there is the ever growing toll which is caused as a result of cigarette smoking. It is agreed that this is probably the greatest health challenge facing our society at this time. At least 50,000 deaths a year are contributed to by this habit, not only from cancer of the lung, but from coronary thrombosis, chronic bronchitis and pneumonia. In later pages I give in detail, some of the facts relating to the dangers of cigarette smoking. In the face of this massive challenge our efforts at prevention have, so far, been puny. Expenditure on the promotion of information and the use of all the modern media of communication has been negligible when compared with the cost to the nation of these premature deaths. So often too the premature death occurs in a male in his prime, at the time of his greatest contribution to society and to his family. Constant effort should be directed by all the means that are available towards the education of young people in an effort to persuade them that cigarette smoking is a foolish habit indulged in by those who are unable to resist the temptation rather than, as it is now so often presented by the cigarette manufacturers, as the smoker bearing an image of maturity and independence. This responsibility lies however not only with the health educators but with those members of the adult population who particularly have contact and influence with young people.

The prevention of early arterial disease resulting in incapacity or death from coronary thrombosis or strokes is more complex and its incidence in all civilised countries, particularly in males, relates more to a way of life than to a single habit such as smoking. However there is evidence that cigarette smoking can also contribute to the incidence of coronary thrombosis. The causes of early arterial disease are probably multiple, and though research is continuing in many fields, there is as yet no breakthrough. In some the condition has an inherited tendency. The one salient factor that has emerged is that occurrence is less likely in those who take regular physical exercise and who are not obese. Farmers and bus conductors suffer less than bus drivers and commercial travellers. It is disturbing to consider that while young people are at school they are physically active but this activity may cease when they leave. They often eat in excess of their needs and start smoking earlier than former generations. The prevention of arterial disease, and the presymptomatic detection in screening of individuals likely to suffer is a challenge to preventive medicine which, at the present time, is not being tackled in Britain. Apart from isolated pockets of individual research there is little other effort and none which is generally directed. A situation may be building up in which the incidence of early arterial disease could assume epidemic proportions.

Much remains also, to be done in the field of chronic illness. The early detection of cancer, of diabetes, the prevention and alleviation of rheumatic diseases in all its manifestations, and finally in tertiary prevention, the needs of those who are the victims of chronic illness, particularly today with the increasing survival of the handicapped and the elderly,

will require the organisation and deployment of many services. It is to be hoped that medical research may find the answer to some of these problems, but in the meantime in the organisation of the National Health Service there is an urgent need to assess the priorities in medicine and make the best use of the available resources.

Finally there is the disappointment that in a welfare state, where the relief of poverty and its attendant anxieties have been the primary aim of succeeding governments since the end of the war, there has been no lessening in the occurrence of mental ill health. Instead its incidence, together with those other manifestations of mental instability, such as drug taking, both of hard drugs and sedatives, delinquency, crime, child neglect and cruelty, divorce and a neglect of social obligations, indicate that a materially prosperous society requires also a firm basis of morality to be successful.

I wish to express my thanks to Mr. Chinnery the Surveyor and Public Health Inspector for his most helpful co-operation during the year and for his work in the compilation of this report. My thanks are also due to the County Medical Officer of Health for his ready co-operation in the supplying of information.

I have the honour to be

Your obedient servant,

JOAN M. ST. V. DAWKINS,

Acting Medical Officer of Health

CUNDLE URBAN DISTRICT COUNCIL

Members of the Public Health Committee: from 20th May, 1969.

Councillors N.G. Ganderton, R.A. Markham, Vice-Chairman, Colonel R.K. McMichael, D. Whight, J.W. Wild, G.M. Willimont, Chairman.

Councillor A.B.A. Wright was a member ex-officio.

Public Health Officers of the Local Authority:

Acting Medical Officer of Health

Joan M. St. V. Dawkins, M.B., B.S., D.P.H., D.C.H.

also holds appointments of

Medical Officer of Health, Brackley, and Daventry Borough Councils, Brackley, Daventry, Brixworth, Northampton and Towcester Rural District Councils, Acting Medical Officer of Health, Raunds and Rushden Urban Districts, Cundle and Thrapston Rural and Higham Ferrers Borough and Senior Assistant Medical Officer, Northamptonshire County Council.

Public Health Inspector

R.E.T. Chinnery, F.F.S., M.I.P.H.E., M.A.P.H.I.

SUMMARY OF VITAL STATISTICS 1969

Area (in acres)	2,469
Population 1961 (census)	2,547
" 1969 (mid-year estimate)	3,670
Number of separate dwellings occupied 1961 (census)	789
" " " " " " 1969	1,331
Rateable Value, 1969	£102,881
Product of a penny rate 1969/70 estimated	£360

LIVE BIRTHS	Male	Female	Total
Legitimate	16	23	39
Illegitimate	1	2	3
	<hr/>	<hr/>	<hr/>
	17	25	42

Crude birth rate per 1,000 population - 11.4

Area Comparability Factor - 1.30. Adjusted birth rate - 14.3

Illegitimate Live Births (per cent of total live births) - 7%

Stillbirths - There was one stillbirth.

Rate per 1,000 total live and stillbirths - 23

DEATHS (all causes)	Male	Female	Total
	19 29	31 43	50 72

Crude death rate per 1,000 population - 13.6

Area Comparability Factor - 0.7. Adjusted death rate - 7.8

Maternal Deaths. Deaths ascribed to pregnancy, childbirth and abortion - Nil

Infant Mortality. There were two infant deaths.

Deaths under one year per 1,000 live births - 48.

NATURAL AND SOCIAL CONDITIONS

Area: The Urban District of Oundle covers an area of 2,469 acres. The density of population is 1.5 persons per acre. The number of separate dwellings is 1331 and the housing factor is 2.8 persons per house.

Population: The Registrar General in his return for 1969 gives the population as 3,670 which is an increase of 10 on last year. There was a natural decrease of 8 (i.e. deaths minus births) as compared with 28 last year.

Births: There were 42 births during the year which was 2 less than last year.

The birth rate was 11.4 per 1,000 population compared with 16.3 for England and Wales.

Illegitimate Births. 38 illegitimate births occurred, one more than last year and this gives a rate of 69 per 1,000 live births.

Stillbirths: There was one stillbirth. The rate per 1,000 total live and stillbirths was 23.

Deaths: Of the 50 deaths, cancer and diseases of the heart were the most common causes of death.

Infant Mortality: 2 infant deaths were recorded during the year, giving a rate of 48 per 1,000 live births.

Neonatal Mortality: There were no deaths in this category.

Early Neonatal Mortality: There were no deaths in this category.

Maternal Mortality: There were no deaths in this category.

Perinatal Mortality: There were no deaths in this category.

CAUSES OF DEATH 1969

	Male	Female	Total
B6 Other tuberculosis, incl. late effects	-	1	1
B19(4) Malignant neoplasm, intestine	1	-	1
B19(6) Malignant neoplasm, lung, bronchus	1	-	1
B19(7) Malignant neoplasm, breast	-	1	1
B19(11) Other malignant neoplasms	2	2	4
B21 Diabetes Mellitus	1	-	1
B46(1) Other endocrine etc. diseases	-	1	1
B26 Chronic Rheumatic heart disease	-	1	1
B27 Hypertensive disease	-	3	3
B28 Ischaemic heart disease	3	7	10
B29 Other forms of heart disease	3	-	3
B30 Cerebrovascular disease	3	4	7
B46(5) Other diseases of circulatory system	1	3	4
B32 Pneumonia	4	3	7
B46(8) Other diseases, genito-urinary system	-	1	1
B42 Congenital anomalies	-	1	1
B45 Symptoms and ill defined conditions	-	2	2
BE50 All other external causes	-	1	1
Totals	19	31	50

The causes of death are shown in the statistical table on page 9, and are classified under the appropriate headings of the 50 listed in the International Statistical Classification of Diseases, Injuries and Causes of Death 1969, as used for England and Wales.

Diseases of the heart and circulation constitute over one half of the total deaths, with cancer and pneumonia being the other two main causes of death.

It is probable that cigarette smoking is the greatest contemporary health problem. 50,000 deaths a year can be attributed to the habit. It is responsible for 9 out of 10 deaths from lung cancer, 3 out of 4 deaths from chronic bronchitis and 1 out of 4 deaths from coronary artery disease. It is estimated that twenty times more work days are lost through sickness from smoking than on industrial disputes.

In 1968 it was considered that about 75% of the male population and 41% of the female population smoked. Between 1956-68 the number of female cigarette smokers rose by a million. It is deeply disturbing to note that 42% of 16 year old boys and 30% of girls smoke more than 25 cigarettes per week.

The adverse effects on health of smoking unfortunately only become manifest after many years, and are therefore not obviously connected with the habit. Also in many countries, as the economic benefits from taxing tobacco products are large, governments have hesitated to change legislation, and it is not practicable to impose regulations on an unwilling population. However, it is imperative to take action that will discourage young people from starting to smoke, and may promote reduction or abstinence in smokers. This includes keeping people constantly and fully informed about the health consequences of smoking and pressing for the curtailing of all forms of sales promotion that encourage the use of tobacco.

It has been suggested in a recently published paper* that the most important approaches to combat the health hazards of smoking are as follows:-

1. The education of youth not to take up smoking.
(In this respect all those adults who are associated with and have influence over young people should by the force of their own example discourage them from starting to smoke. These include parents, teachers, youth leaders, sportsmen, actors, pop stars and others whom young people admire and may emulate.)
2. The exerting of the influence of health workers.
(The medical profession have recognised the hazard, and now only a quarter of British male doctors smoke. Their death rate from lung cancer is now only 2/5 of the national figure.)

*Smoking and Health by Professor C.M. Fletcher & Mr. D. Horn. W.H.O. Publication.

3. Group approaches to the control of cigarette smoking by adults.
4. Mass approaches to the control of cigarette smoking.
5. Reducing the effectiveness of the advertising and promotion of cigarettes.
6. Less hazardous smoking.

The incidence of early degenerative disease of the arteries, particularly in males, is increasing in all cultivated societies of the world. Its prevention is one of the great challenges of modern medicine. Men in their prime at a time of their major contribution to their community are struck down by coronary thrombosis or strokes. The causes are multiple, and, as stated, cigarette smoking is probably a factor. As well as being part of the process of ageing hereditary factors are involved in some. Women are less affected until after the menopause, indicating a hormonal protection. The only clear evidence is that the incidence is lower in those who take regular physical exercise and who are not obese. This salient feature needs emphasis, as it is easy in a modern industrialised society with the majority occupied in sedentary occupations, the widespread use of motor transport and television, for many to become physically inactive. It is wise to establish a way of life soon after leaving school in which there is regular participation in physical exercise which can be suitably modified to the passing years. This combined with some moderation in the consumption of food, may help to prevent the early onset of arterial disease.

The yearly toll of injury and death from road accidents mounts steadily. In an over-populated island with congested roads, and with an anticipated increase of numbers of vehicles annually, it must be expected inevitably that this death rate will not decline. However the majority of deaths (and injuries) occur in males in the age group 19-24. The young male would appear to be the participant and maybe the cause of transgression on the road. It would suggest that there is a field for action in the education of this group in the principles of road safety, which could start at school. In 1969 7383 were killed on the roads as compared with 6310 in 1968.

Deaths from accidents in the home are also continuing at a rate which is far too high, running at over eight thousand, together with injuries of approximately 125,000 receiving hospital treatment and a million and a half with slight injuries. Over three quarters of the fatalities occur in elderly people or in children under 5 years of age.

The statistics for Great Britain in 1967 are given in the chart below:-

Cause of Death	Age-group (years)					Sex		Total Deaths
	0 - 4	5 - 14	15 - 44	45 - 64	65 & +	Male	Female	
Poisoning	33	13	316	494	624	637	843	1,480
Falls	78	12	75	336	3,906	1,252	3,155	4,407
Burns and scalds	123	45	60	135	428	325	466	791
Suffocation and choking	526	7	71	74	64	421	321	742
Others	114	38	115	89	133	288	201	439
Total	874	115	637	1,128	5,155	2,923	4,936	7,909
Death Rate*	18.8	1.5	3.0	8.5	77.5	11.2	18.1	14.8

* Deaths per 100,000 population.

The following notes have been published in the Home Safety Journal (a publication of R.O.S.P.A.) in July 1970, and are acknowledged with thanks.

Comparative Figures for 5 Years 1963-1967

The annual figures of home accident fatalities in Great Britain for the five years 1963-67, analysed according to cause, are given in the following table:-

Cause of Death	1963	1964	1965	1966	1967
Poisoning	2,124	1,782	1,697	1,719	1,480
Falls	4,830	4,641	4,538	4,660	4,407
Burns and scalds	1,058	886	872	951	791
Suffocation and choking	792	896	900	812	742
Others	495	441	480	441	489
Total	9,299	8,646	8,487	8,583	7,909

Home Accidents - Cause of Death

Falls:

56% of total deaths - in one year (1967) (4,407 cases)
89% of victims were aged 65 or over
60% were falls on one level, tripping, slipping, stumbling
25% were falls from one level to another.

Common causes of falls on one level are - slipping on wet floors or polished floors with or without loose rugs; tripping over obstacles or catching toes in floor coverings in poor repair; slipping on spilt grease; slipping in the bath.

Common causes of falls from one level to another are - lack of handrails or unsteady banisters causing falls downstairs; poor lighting on stairways; chairs used instead of household steps. Other falls of this nature include falls out of bed, out of prams and highchairs.

Physical causes include poor sight; undue haste; illnesses causing heart or chest troubles; stiff limbs; dizziness caused by reaching up or down unduly in elderly people.

Prevention: Risk of falls can be reduced by maintaining floor surfaces in good repair; wiping up spilt grease immediately; being tidy about the house; having safety rails by the bath; wearing shoes in good repair. Household steps should always be used to reach high shelves, etc., window safety catches should be used to control opening for the protection of young children

and elderly people. Beds should not be too high; or chairs too low for easy use; extra handrails on the wall side of the stairs are helpful. Safety harness should be used in prams and highchairs.

Poisoning:

19% of all fatal home accidents in 1 year (1967)

43% of poisoning accidents involved household gas (642 cases)

57% involved drugs, chemicals and all other causes of poisoning (775 cases).

Common causes of gas poisoning are absentmindedness in leaving gas on, or partly lighted, lack of ventilation, using wrong (rubber) connecting tubing for appliances; bad installation or repair. The human factor, carelessness is most often the basic cause.

Other forms of poisoning include overdoses of medicines; leaving medicines within reach of children; failure to use medicine cupboard; not checking dosage; taking internally lotions, rubs, etc., designed only for external use; children eating cosmetics.

Domestic Chemicals such as bleach, disinfectant, detergent, pesticides, paint strippers, antifreeze, petrol, paraffin and other fluids cause accidents to children, often causing internal injury.

Prevention: To prevent gas poisoning have any suspected leak inspected and serviced by the Gas Board; form the habit of checking that burners are alight; keep adequate ventilation to ensure a change of air, never use rubber connecting tubing; see that gas geyser flues are clear of obstruction; tighten loose gas taps that can be accidentally knocked on.

To prevent medicinal poisoning - keep all medicines in a proper medicine cupboard (to British Standard Specification); check dosage every time; use the 5ml. spoon for liquid medicines; get rid of surplus medicines by flushing down the lavatory; keep medicines out of the reach of children; label all containers clearly; if in doubt destroy.

To prevent poisoning from chemicals - avoid transferring to other containers, especially those previously used for food or drink; label clearly; store out of the reach of children, especially in garage, shed or greenhouses; observe manufacturers' warnings and instructions.

Burns and Scalds:

10% of all fatal home accidents in 1 year (1967) were burns and scalds (791 cases).

Deaths are caused by - falling into unguarded fires; clothing catching alight; burns due to houses catching fire. Conflagrations are due to chimney fires, overturning oil heaters, careless use of smoking materials and electrical faults. Faulty electric blankets can cause burns and asphyxia. Scalding accidents are due to hot liquids - overturning kettles and saucepans, bath water, washing and washing-up water, hot starch, and bursting hot-water bottles.

Prevention: To prevent burning accidents all coal fires should have fixed guards (to British Standards 2788 or 3140); gas, electric and oil fires should have integral guards. Winter clothing should be made of pure wool (slow burning), brushed nylon, or proofed cotton.

Clothing should never be aired near unguarded fires of any kind. Care should be taken when using flammable solvents for dry cleaning, or flammable adhesives for fixing tiles, etc., in the house. Paraffin and petrol should be stored in metal cans, and oil heaters filled, if possible outside the house. Polythene-type storage containers are increasingly popular and safe - metal cans can rust and therefore leak.

To prevent scalding accidents fill hot-water bottles carefully, using a thick protective cover; keep panhandles and kettle spouts away from the front of the cooker; keep toddlers out of the kitchen when doing laundry, washing up, cooking and dishing up are in progress; turn tablecloths under to prevent toddlers pulling hot liquids off the table. When using water for bathing and washing always run cold water before hot.

Suffocation and Choking

These accidents account for over 9% of all fatal home accidents. In one year (1967) there were 742 deaths. Two thirds of these were by inhalation and ingestion of food, the rest from suffocation in cots and cradles. Children under 5 years accounted for 71% of all cases of suffocation and choking.

Prevention: To prevent suffocation and choking never 'prop-feed' infants; ensure adequate rubbing of the baby's back to bring up wind before putting down to sleep. Keep talcum powder (which can clog the lungs) away from babies, and if a sponge is used for washing see that it is too large and firm to be put in baby's mouth. Keep plastic bags out of the reach of children; never use a pillow for a baby under twelve months old, remove bibs before putting a baby down to sleep, and use a net to prevent pets getting into cots or prams.

Other Risks

In one year (1967) 489 people died from other accidental causes; these included 75 drowning fatalities in baths, garden ponds, etc.; 27 from accidents with firearms; 70 from electrocution and 20 from foreign bodies in orifice.

Electrical Accidents

Due to amateur installations and repairs, faulty flex and plugs, misuse of domestic appliances, unearthed plugs, open sockets where there are children, also unguarded electric fires, touching electrical appliances with wet hands. Taking electrical apparatus into the bathroom, filling electric kettles without first disconnecting are also dangerous practices.

THE PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

Health Services and Public Health Act, 1968
Public Health (Infectious Diseases) Regulations
Notification of food poisoning and infectious diseases

All provisions governing the notification of infectious disease and food poisoning are in Sections 47 to 49 of the Health Services and Public Health Act 1968 and the Public Health (Infectious Diseases) Regulations 1968.

The infectious diseases to be notified to the medical officer of health are:-

Acute encephalitis	Opthalmia neonatorum
Acute meningitis	Paratyphoid Fever
Acute poliomyelitis	Plague
Anthrax	Relapsing fever
Cholera	Scarlet fever
Diphtheria	Smallpox
Dysentery	Tetanus
(amoebic or bacillary)	Tuberculosis
Infective jaundice	Typhoid fever
Leprosy	Typhus
Leptospirosis	Whooping cough
Malaria	Yellow fever
Measles	

Since 1968 notification of the diseases listed below is no longer required:-

Acute influenzal pneumonia	Erysipelas
Acute primary pneumonia	Membranous croup
Acute rheumatism	Puerperal pyrexia

Responsibility for notifying a case or suspected case of food poisoning or infectious disease rests exclusively on the medical practitioner attending the patient unless he believes that another practitioner has already notified the case.

TUBERCULOSIS:

There were no cases of tuberculosis notified during the year.

Other Notifications

Measles	34
Dysentery	2
Food Poisoning	1
Scarlet Fever	1

The total number of infectious diseases notified during the year was 38, an increase of 29 on last year's figure.

MEASLES. The incidence of measles during the year was 34 compared with three last year.

This highly infectious illness from which few individuals escape has its incidence almost exclusively during childhood. It usually follows a biennial incidence with high numbers occurring in alternate years. The course of the illness is almost invariably benign, but complications which include otitis media, pneumonia, eye infections and very occasionally encephalitis do occur, and the illness itself is often severe. Complications can be effectively dealt with by the many antibiotics which are now available, but these drugs are themselves not all without side effects, are expensive and involve medical supervision. An effective measles vaccine has now been developed and this was available during the course of the year. It is anticipated that in future years measles in common with poliomyelitis and diphtheria will be virtually eradicated.

WHOOPING COUGH. There were no cases notified during the year.

SCARLET FEVER. One case was notified during the year.

This disease continues to exhibit its mild phase. The principle interest in its notification is that it gives some indication of the degree of streptococcal infection in the community.

POLIOMYELITIS. No cases occurred.

This freedom can be ascribed to immunisation as the decline in incidence has occurred concurrently with vaccination. The oral Sabin vaccine is now used which gives a longer lasting immunity than the Salk or injected variety. A drink of syrup or a lump of sugar is also much more acceptable to the young patients than the previous needle prick.

FOOD POISONING. One case was notified.

The condition is usually caused by one of the Salmonella organisms of which there are a large number. The commonest strain being that of typhimurium. Salmonella infection is common in bovines, and the incidence of infection on farms is now notified by the Divisional Veterinary Officer to the Medical Officer of Health. Farm workers are then warned of the possibility of human infection, and given details of hygiene precautions to prevent incidence in themselves or their families.

Other causes of food poisoning are staphylococcus which may gain entry to food from an infected spot on the face, hands or arms of a food handler which may cause a severe form of the illness. As the symptoms result from a toxin which is unaffected by heat, cooking the infected food, in this case does not prevent the illness. More rarely typhoid fever, botulism or chemical contaminants may occur. However the commonest germ is the salmonella which gains entry into food because of the faulty personal hygiene of food handlers. The sources of infection are numerous probably uncooked contaminated (often imported) meat being today one of the most frequent.

SMALLPOX. There were no cases.

The vaccination of children is still necessary and should be carried out sometime during the first two years of life, preferably between the first and second year.

DIPHTHERIA. There have been no cases of diphtheria in Northamptonshire since 1956.

There is therefore with each successive year of freedom from infection, a diminishing recollection of the dangers of this illness. Mothers without knowledge of the disease feel a false security and may not have their children immunised. That this is a dangerous situation cannot be too strongly stressed, as it is only by keeping up the numbers of children immunised that the disease is kept in check. It is the duty of all parents to have their children immunised, and if they fail to do so they neglect their welfare.

DYSENTERY. Two cases of dysentery were notified during the year.

INFECTIVE JAUNDICE. The Minister of Health gave sanction that this disease should be made locally notifiable as from 1st July 1962. By arrangement with other District Councils this also became operative in the County of Northamptonshire. No cases were notified during the year.

Acute Infective Hepatitis is a disease caused by a virus, which attacks the liver and causes jaundice. It is mainly an infection of young people of faecal-oral spread, and with an incubation period of 15-50 days. The incriminative routes of infection are from food handlers, water and children to their mothers. The virus is present in faeces 16 days before jaundice and up to 8 days after. Serum hepatitis, which is another form of infective hepatitis, has a longer incubation period of 50-160 days and affects mainly adults and can be spread by blood transfusion and inefficiently sterilised equipment used by doctors, dentists, nurses and drug addicts, and in the various tattooing processes. The clinical groups of these two types of hepatitis are indistinguishable. There is no specific treatment and a jaundiced adult would be away from work for six weeks to two months, and sometimes might not feel really fit for a year. Quarantine measures are of little value, and patients can be treated at home or in hospital provided adequate hand washing techniques are practised, with current disinfection of excreta. Serum hepatitis can be virtually abolished, if disposable equipment was generally introduced. In this county disposable equipment is used by the County Health Department for all procedures involving immunisation. Gamma Globulin is of value for the protection of close contacts and pregnant women during epidemics.

Under the Health Services and Public Health Act 1963, infective jaundice has now become nationally notifiable since October 1963.

PNEUMONIA. There were no cases during the year.

The respiratory infections particularly those of bronchitis and influenza are still a cause of considerable illness and as a result of absence from work. Pneumonia also still occurs, though much less than formerly and is usually treated effectively by the many antibiotics that are now available. However in the elderly and in those whose resistance is diminished either from chronic bronchitis or other causes it remains a cause of death. This year there were 7 deaths from pneumonia.

Annual Report of the Surveyor and Public Health Inspector
for the year ended 31st December, 1969
submitted by

R. E. T. CHINNERY, F.F.S., M.I.P.H.E., M.A.P.H.I.

Mr. Chairman, Madam and Gentlemen,

I have the honour to present my twelfth annual report upon those matters about which the Department of Health and Social Security require yearly details.

1. Water Supplies:

- (a) The Nene and Ouse Water Board have maintained a satisfactory supply, both as regards quality and quantity throughout the year.
- (b) Thirty-three samples were submitted for bacteriological examination and all were reported as being satisfactory for domestic consumption.
- (c) All dwelling houses and house-shops are supplied direct from the mains; the population served, Registrar General's estimate, was 3,670 at the end of the year.

2. Sewerage and Sewage Disposal:

The necessity to alleviate the overloaded disposal works was referred to in my previous report and during the year the Council decided to adopt the interim measure proposed, namely the introduction of recirculation of effluent at the works, pending the provision of increased capacity.

Recirculation was not in operation by the end of the year, but the work was in hand, and negotiations were in progress with the Oundle and Thrapston Rural District Council regarding acceptance of sewage for treatment from one or more rural parishes adjoining Oundle, before deciding that actual enlargement of the works is necessary.

3. Common Lodging Houses:

There are none within the Urban District.

Housing

(a) Provision of New Houses by the Local Authority

No houses were built by the Council during the year, no allocation having been received from the Ministry.

Towards the end of the year it was decided to complete the remaining thirty houses on the Springfield Road Estate in two stages, the first consisting of eleven three bedroomed houses, the remainder to follow when the impact of the inevitably higher rents, due to the introduction of higher standards and to increased costs, had been assessed.

(b) Private Enterprise Housing

Thirty houses were completed by private owners, all for owner-occupation, against 54 the previous year, and at 31st December there were 42 private houses in the course of construction, most of these on plots sold on the Cotterstock Road Estate, where the Council had provided roads, sewers and other public services, the remainder being erected by private developers.

The year 1969 therefore shows another increase in the number of private houses built, over the figures for the proceeding year. Further increases will, however, be dependent upon planning approvals being given to release sufficient building land.

(c) Unfit Houses - suitable for Clearance or Demolition

No action was taken during the year.

(d) Grants for Conversion or Improvement

Three applications for grants for the provision of full Standard Amenities were approved as against one the previous year.

No applications for Discretionary Grants were received.

Refuse Collection and Disposal

The regular weekly collection of house and trade refuse was maintained during the year.

The space available at the controlled tipping site at Ashton Road, Oundle is rapidly being used up and an alternative site, or method of disposal will have to be found in the near future.

Food and Drugs Act, 1955

- (a) There were no producer-retailers of milk within the Urban District.
- (b) There are no egg pasteurisation plants within the Urban District.
- (c) Food Hygiene (General) Regulations, 1960

Details of food premises subject to these Regulations:

<u>Premises</u>	<u>Number</u>	<u>No. complying with Reg. 16</u>	<u>No. to which Reg. 19 applies</u>	<u>No. complying with Reg. 19</u>
Butchers	4	4	4	4
Bakers	1	1	1	1
Confectioners	2	2	2	2
Fish	2	2	2	2
Greengrocers	3	2	2	2
Grocers, Provisions and 'General'	11	11	11	11
Hotels, Caterers, and licensed premises	11	11	11	11

- (d) There are no poultry processing premises or slaughter-houses within the district.

Food Inspection

Visits are paid to the premises listed above under (c) particularly during the summer months and the co-operation of food traders generally in maintaining a high standard of equipment, cleanliness and hygiene is appreciated.

During the year the following amounts of food were voluntarily surrendered as being unfit for human consumption:

7 tins Corned Beef - each 5½ lbs.
441 packages of frozen foods - deposited by fault in a freezing cabinet
13 tins grapefruit - each 1 lb. 1 oz.
4 tins fruit - each 1 lb. 13 ozs.
14 plastic packs of dates - each 12 ozs.
6 tins tomatoes - each 2 lbs. 3 ozs.
3 tins tomatoes - each 14 ozs.
3 tins Ox tongue - each 6 lbs.

Food Samples

I am indebted to the Chief Inspector, Weights and Measures Department, Northamptonshire County Council for the following report upon samples taken in Oundle by his Inspectors during the 12 months ended 31st March, 1970.

Milk	17
Butter	1
Cake	2
Cheese	1
Cream	3
Fish Products	2
Health Drink	1
Jam	1
Meat Products	6
Spirits	4
Strawberries in syrup	1
Vinegar	<u>1</u>
Total	<u>40</u>

Remarks

I am again able to report that all the samples obtained in the Urban District during the year were found to be satisfactory and called for no adverse comments to the Public Analyst.

Weights and Measures Act, 1963

1,787 articles of food were checked for weight or measure during the year and only isolated deficiencies were found. This result compares very favourably with other districts in the County and reflects a high standard of conduct by traders in the Oundle Urban District.

F. J. Evans

Chief Inspector.

Weights and Measures Department,
Market St.,
Kettering.

Public Convenience, Cemetery and Churchyard

Changes in the personnel employed at the Cemetery had to be made, involving interruption of routine maintenance; apart from this these facilities were all maintained at a satisfactory standard during the year.

Factories Act, 1961. Part 1

1. Inspections for purposes of provisions as to health.

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	20	18	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	1	1	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding Outworkers' premises).	-	-	-	-
Totals	21	19	-	-

Part VIII of the Act

No outworkers premises are registered with the authority.

TABLE A REGISTRATIONS AND GENERAL INSPECTIONS			
Class of Premises	Number of premises newly registered during the year	Total number of registered premises at end of year	Number of registered premises receiving one or more general inspections during the year
Offices	-	19	19
Retail shops	-	39	39
Wholesale shops, warehouses	-	-	-
Catering establishments open to the public, canteens	-	4	4
Fuel storage depots	-	3	3
Totals	-	65	65

TABLE B

Number of Visits of all kinds (including general inspections)
to registered premises

70

TABLE C

ANALYSIS BY WORKPLACE OF PERSONS EMPLOYED IN
REGISTERED PREMISES AT END OF YEAR

Class of Workplace	Number of Persons employed
Offices	115
Retail shops	136
Wholesale department, warehouses	-
Catering establishments open to the public	17
Canteens	4
Fuel storage depots	14
Total	286
Total Males	147
Total Females	139

Rodent Control

All infestations were dealt with as reported or discovered

Council owned properties particularly the refuse and sewage disposal sites are kept clear; private houses and gardens are dealt with free of charge, while payment is demanded in respect of trade premises treated.

The Council have an arrangement with Oundle Public School whereby infestations of their extensive properties are dealt with on a fixed annual charge basis; this operates satisfactorily to both parties.

As an extension of this service a number of wasps nests have been destroyed again this year free of charge; these insects can cause great annoyance and this service is much appreciated.

General

This report can only once again refer briefly to those aspects of the years work upon which Annual Reports are required by the Department of Health and Social Security, i.e. those normally carried out by Public Health Officers. The many other duties carried out by my department, which combines the work of both Public Health Inspector and Surveyor should, perhaps, be the subject of a separate report if time and the staffing position permitted it.

Financial and other details are, however, furnished to the Council, the appropriate Committees or the Ministry at the relevant times, particularly when submitting Annual Estimates.

My thanks and appreciation are once again due to the Chairman and Members of the Council collectively and individually for their continued support and helpfulness during the year under review, and I am sure the Council would wish to express their appreciation to the outside staff for the way in which these essential public services have been maintained throughout the year, services which we are inclined to take for granted.

R.E.T. Chinnery

Surveyor and Public Health Inspector.

